

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 13045.39WOU1

Box No. I TITLE OF INVENTION

FLUID-ASSISTED ELECTROSURGICAL SCISSORS AND METHODS

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

TISSUELINK MEDICAL, INC.
One Washington Center, Suite 400
Dover, New Hampshire 03820
United States of America

This person is also inventor

Telephone No.

Facsimile No.

Teleprinter No.

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MCCLURKEN, Michael E.
26 Deer Meadow Road
Durham, New Hampshire 03824
United States of America

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
US

State (that is, country) of residence:
US

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BRUESS, Steven C.
Merchant & Gould P.C.
P.O. Box 2903
Minneapolis, Minnesota 55402-0903
United States of America

Telephone No. (612) 336-4711

Facsimile No. (612) 336-4751

Teleprinter No.

Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS		
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request.</i>		
Name and address GREELEY, Roger D. 95 Burkitt Street Portsmouth, New Hampshire 03801 United States of America	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (i.e. country) of nationality: US	State (i.e. country) of residence: US	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address BERRY, John W. 1018 Saddleback Way Bel Air, Maryland 21014 United States of America	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (i.e. country) of nationality: US	State (i.e. country) of residence: US	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address Name and address	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (i.e. country) of nationality:	State (i.e. country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address Name and address	(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (i.e. country) of nationality:	State (i.e. country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input type="checkbox"/>	Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Box No. V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Republic of Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Republic Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SK Slovak Republic, SL Slovenia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> LC Saint Lucia
<input checked="" type="checkbox"/> AG Antigua and Barbuda	<input checked="" type="checkbox"/> LK Sri Lanka
<input checked="" type="checkbox"/> AL Albania	<input checked="" type="checkbox"/> LR Liberia
<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> LS Lesotho
<input checked="" type="checkbox"/> AT Austria and utility model	<input checked="" type="checkbox"/> LT Lithuania
<input checked="" type="checkbox"/> AU Australia	<input checked="" type="checkbox"/> LU Luxembourg
<input checked="" type="checkbox"/> AZ Azerbaijan	<input checked="" type="checkbox"/> LV Latvia
<input checked="" type="checkbox"/> BA Bosnia and Herzegovina	<input checked="" type="checkbox"/> MA Morocco
<input checked="" type="checkbox"/> BB Barbados	<input checked="" type="checkbox"/> MD Republic of Moldova
<input checked="" type="checkbox"/> BG Bulgaria	<input checked="" type="checkbox"/> MG Madagascar
<input checked="" type="checkbox"/> BR Brazil	<input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> MN Mongolia
<input checked="" type="checkbox"/> BZ Belize	<input checked="" type="checkbox"/> MW Malawi
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> MX Mexico
<input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein	<input checked="" type="checkbox"/> MZ Mozambique
<input checked="" type="checkbox"/> CN China	<input checked="" type="checkbox"/> NO Norway
<input checked="" type="checkbox"/> CO Columbia	<input checked="" type="checkbox"/> NZ New Zealand
<input checked="" type="checkbox"/> CR Costa Rica	<input checked="" type="checkbox"/> OM Oman
<input checked="" type="checkbox"/> CS Serbia and Montenegro	<input checked="" type="checkbox"/> PG Papua New Guinea
<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> PH Philippines
<input checked="" type="checkbox"/> CZ Czech Republic and utility model	<input checked="" type="checkbox"/> PL Poland
<input checked="" type="checkbox"/> DE Germany and utility model	<input checked="" type="checkbox"/> PT Portugal
<input checked="" type="checkbox"/> DK Denmark and utility model	<input checked="" type="checkbox"/> RO Romania
<input checked="" type="checkbox"/> DM Dominica	<input checked="" type="checkbox"/> RU Russian Federation
<input checked="" type="checkbox"/> DZ Algeria	<input checked="" type="checkbox"/> SC Seychelles
<input checked="" type="checkbox"/> EC Ecuador	<input checked="" type="checkbox"/> SD Sudan
<input checked="" type="checkbox"/> EE Estonia and utility model	<input checked="" type="checkbox"/> SE Sweden
<input checked="" type="checkbox"/> EG Egypt	<input checked="" type="checkbox"/> SG Singapore
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> SK Slovakia and utility model
<input checked="" type="checkbox"/> FI Finland and utility model	<input checked="" type="checkbox"/> SL Sierra Leone
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> SY Syria
<input checked="" type="checkbox"/> GD Grenada	<input checked="" type="checkbox"/> TJ Tajikistan
<input checked="" type="checkbox"/> GE Georgia	<input checked="" type="checkbox"/> TZ Tanzania
<input checked="" type="checkbox"/> GH Ghana	<input checked="" type="checkbox"/> TM Turkmenistan
<input checked="" type="checkbox"/> GM Gambia	<input checked="" type="checkbox"/> TN Tunisia
<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> TR Turkey
<input checked="" type="checkbox"/> HU Hungary	<input checked="" type="checkbox"/> TT Trinidad and Tobago
<input checked="" type="checkbox"/> IN India	<input checked="" type="checkbox"/> UA Ukraine
<input checked="" type="checkbox"/> ID Indonesia	<input checked="" type="checkbox"/> UG Uganda
<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> US United States of America
<input checked="" type="checkbox"/> IS Iceland	<input checked="" type="checkbox"/> UZ Uzbekistan
<input checked="" type="checkbox"/> JP Japan	<input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines
<input checked="" type="checkbox"/> KE Kenya	<input checked="" type="checkbox"/> VN Viet Nam
<input checked="" type="checkbox"/> KG Kyrgyzstan	<input checked="" type="checkbox"/> ZM Zambia
<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea	<input checked="" type="checkbox"/> ZA South Africa
<input checked="" type="checkbox"/> KR Republic of Korea	<input checked="" type="checkbox"/> ZW Zimbabwe
<input checked="" type="checkbox"/> KZ Kazakstan	

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.		
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application: regional Office	international application: receiving Office
item (1) 29 October 2002 (29.10.2002)	60/422,190	US		
item (2)				
item (3)				

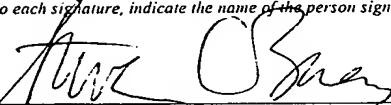
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)

* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which the earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.

Box No. VII INTERNATIONAL SEARCHING AUTHORITY	
Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / US	Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority): Date (day/month/year): 10/29/2002 Number: 60/422,190 Country (or regional Office): US

Box No. VIII CHECK LIST; LANGUAGE OF FILING	
This international application contains the following number of sheets:	This international application is accompanied by the item(s) marked below:
request : 5	1. <input checked="" type="checkbox"/> fee calculation sheet
description (excluding sequence listing part) : 17	2. <input type="checkbox"/> separate signed power of attorney
claims : 3	3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any:
abstract : 1	4. <input type="checkbox"/> statement explaining lack of signature
drawings : 12	5. <input type="checkbox"/> priority document(s) identified in Box No VI as item(s):
sequence listing part of description :	6. <input type="checkbox"/> translation of international application into (language):
Total number of sheets : 38	7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material
	8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form
	9. <input checked="" type="checkbox"/> Other (specify): Gen. Transmittal (in dupl) Check in the amount of \$1802 Return Postcard

Figure of the drawings which should accompany the abstract: 2	Language of filing of the international application: English
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Box No. IX SIGNATURE OF APPLICANT OR AGENT	
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).	
By 	_____ Steven C. Bruess

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority ISA/ (if two or more are competent):	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only	
Date of receipt of the record copy by the International Bureau:	